

Exhibit 2

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF PENNSYLVANIA

| | | |
|-----------------------------------|---|--------------------------------|
| DONALD MOSHIER, | : | |
| Plaintiff, | : | |
| | : | |
| | : | |
| v. | : | Civil Action No. 05-180 (Erie) |
| | : | |
| | : | |
| UNITED STATES of AMERICA, et al., | : | |
| Defendants. | : | |

DECLARATION OF A. BUSSANICH, M.D.

1. I, A. Bussanich, M.D., do hereby declare that I am employed as the Chief Medical Officer at the United States Penitentiary (USP), Lewisburg, Pennsylvania. I have been employed at this position since approximately July 1998. I have access to many records maintained in the ordinary course of business at USP Lewisburg, including inmate medical records of inmates incarcerated at USP Lewisburg. I am familiar with medical terminology, and I can interpret medical records.

2. Attached hereto, please find a true and correct copy of the medical record of inmate Donald Moshier, Register Number 10924-052, which are maintained in the ordinary course of business at USP Lewisburg. The following is a summary of inmate Moshier's medical records for the period of time spanning September 2, 2003, through May 26, 2006:

- a. On September 2, 2003, inmate Moshier complained of left knee pain, severe headaches and sinus pain for two weeks. He requested a hepatitis test due to his history of IV drug use, cocaine use and unprotected sexual contact. He was assessed with knee pain and upper respiratory infection. He was prescribed Ibuprofen, Chlorpheniramine, Triprolidine, and Tetracycline HCL. A hepatitis C test was ordered. See attached medical record of Donald L. Moshier.
- b. On September 4, 2003, a hepatitis C profile was conducted. The results were received on September 16, 2003, indicating inmate Moshier tested positive for the hepatitis C antibody. Id., at p. 256.

- c. On September 16, 2003, Staff Physician Herbert Beam M.D. entered an administrative notation into inmate Moshier's medical record indicating the positive hepatitis C test result. Dr. Beam placed inmate Moshier on the chronic care clinic list. Id., at p. 104.
- d. In a written request to Clinical Director Dennis Olson, M.D. dated September 17, 2003, inmate Moshier requested the results of his hepatitis C test. In a response dated September 18, 2003, Dr. Olson advised he would be placed on call-out to discuss the test results with Dr. Beam. Id., at p. 426.
- e. On September 18, 2003, inmate Moshier complained of cough, nausea, diarrhea, and headache with stuffiness. After an examination, he was assessed with viral syndrome with cold-like symptoms. He was prescribed Bismuth Subsalicylate (the active ingredient in Pepto-Bismol, used to treat nausea, heartburn, indigestion, upset stomach, etc.), Acetaminophen, and Guaifenesin (medication used to thin the mucus in the air passages to make it easier to cough up mucus and clear the airways), and he was directed to return to the Health Services Unit (HSU) as needed. He was issued a medical idle slip for one day. Id., at pp. 104, 307.
- f. In a written request to Rodney Smith, the Health Services Administrator (HSA) dated September 28, 2003, inmate Moshier requested Interferon/Ribavirin treatment and regular blood monitoring. He also complained of pain under his right ribs and episodic dark brown urine. In a written response, from Mr. Smith dated October 7, 2003, inmate Moshier was advised he would be seen on October 16, 2003, for these particular issues. Id., at p. 423.
- g. On that same date, inmate Moshier sent an identical request to Dr. Beam. In a written response, Dr. Beam advised that he was to be seen on October 16, 2003. Id., at p. 424.
- h. On September 30, 2003, inmate Moshier complained of a stuffy nose, right ear pain, and back pain for one week. It was noted he was a smoker and had hepatitis C. After an examination, he was assessed with an upper respiratory infection (URI), rule out asthma, chronic lower back pain, and otitis media (inflammation of the middle ear area), rule out asthma. He was prescribed Triprolidine (an antihistamine), Ibuprofen, Albuterol, and Amoxicillin. He was instructed to increase his fluid intake. He was educated regarding the use of the prescribed medications. He was issued a three day idle, and was advised to follow up in five days or sooner if his symptoms worsened. Id., at pp. 105, 306.
- i. On October 2, 2003, inmate Moshier submitted an informal resolution form to his Correctional Counselor requesting treatment for hepatitis C, a liver biopsy, and a vaccination for hepatitis A. Inmate Moshier alleged he informed staff for over a year prior that he had hepatitis C, and he was only recently tested. In a written

- response, the Correctional Counselor advised that Dr. Beam was contacted and assured that he would receive treatment if it was needed. Id., at pp. 412-413.
- j. Also on October 2, 2003, inmate Moshier submitted a written request to Dr. Beam requesting vaccination for hepatitis A. In a written response dated October 8, 2003, Dr. Beam advised he would see inmate Moshier to discuss hepatitis C treatment. Id., at p. 422.
- k. On October 9, 2003, an administrative notation was entered into inmate Moshier's medical record indicating a Physician's Assistant (PA) spoke with him about inmate Moshier's request for a hepatitis A vaccination. The PA also discussed inmate Moshier's positive hepatitis C test result with him. The PA indicated he would consult with Dr. Beam. Inmate Moshier was prescribed Tetracycline to treat cystic acne and Zantac (Ranitidine) for reflux. Id., at p. 102.
- l. On October 10, 2003, it was noted inmate Moshier reported to the morning pill line window to pick up the medications that were prescribed on October 9, 2003, as well as medications that were prescribed on September 30, 2003. He stated that on October 2, 2003, his medications were confiscated incident to his placement in the Special Housing Unit (SHU). Id., at p. 102.
- m. On October 10, 2003, blood for a Hepatic Function Panel (a liver function test used to check how the liver is working and whether liver damage is present) was collected. The results from this panel were received at FCI McKean on October 21, 2003. The results showed the following to be outside the standard reference range: (1) AST (SGOT): 69 (reference range 0-40); and (2) ALT (SGPT): 115 (reference range 0-40). Id., at p. 430.
- n. In a written request to Dr. Beam dated October 15, 2003, inmate Moshier requested a genotype test to determine the gene type of hepatitis C he had. In a written response dated October 16, 2003, Dr. Beam advised that inmate Moshier was seen on October 16, 2003, and a test was ordered. Id., at p. 417.
- o. In a written request to the Medical Records Technician dated October 15, 2003, inmate Moshier requested the results of his October 10, 2003, laboratory tests and a complete copy of his medical records. In a response dated October 21, 2003, inmate Moshier was provided with the requested medical records. Id., at p. 416.
- p. In a written request to Dr. Beam dated October 15, 2003, inmate Moshier requested a hepatitis A vaccine. In a response dated October 16, 2003, Dr. Beam advised inmate Moshier he was seen on October 16, and Dr. Beam would check to verify if he had hepatitis A or hepatitis B. Immunizations would be provided if needed. Id., at p. 418.
- q. In a written request dated October 15, 2003, inmate Moshier requested a viral load test to determine the amount of the virus he carried. In a response dated October

16, 2003, Dr. Beam advised a viral load test would be ordered. Id., at p. 419.

- r. In a written request to Dr. Beam dated October 15, 2003, inmate Moshier requested a liver biopsy. In a response dated October 16, 2003, Dr. Beam advised that if inmate Moshier needed a liver biopsy, one would be provided. He advised that in the interim, preparatory work would be done. Id., at p. 420.
- s. In a written request to Dr. Beam dated October 15, 2003, inmate Moshier requested that he be scheduled for a Psychological interview so he could be psychologically cleared to commence treatment for hepatitis C. In a written response dated October 16, 2003, Dr. Beam advised that he met with inmate Moshier on October 16, 2003, and he should watch for his name on the medical/psychology call out list. Id., at p. 421.
- t. On October 16, 2003, inmate Moshier was seen by Dr. Beam in the chronic care clinic. Inmate Moshier stated he probably had hepatitis C since he was 20 years of age (he was 42 years of age at time of this examination). He handed Dr. Beam the five written requests referenced above, indicated he did not trust anyone in the Bureau of Prisons, and stated he was in contact with an attorney. Dr. Beam noted inmate Moshier's ALT level was 115. After an examination, Dr. Beam assessed the Plaintiff with hepatitis C and chronic lower back pain. Hepatitis C blood tests and hepatitis A and B serology tests were ordered. A psychology referral was issued. Inmate Moshier was advised to return to the clinic in three months. He was prescribed Tylenol Id., at pp. 100-101.
- u. On October 21, 2003, inmate Moshier received twenty-one (21) pages of medical records. Id., at p. 98.
- v. On October 27, 2003, inmate Moshier submitted a Request for Administrative Remedy with the Warden reiterating his request for a liver biopsy and hepatitis C treatment. In a response dated November 14, 2003, Warden LaManna advised that inmate Moshier would be treated for hepatitis C in accordance with BOP policy and there was no evidence of deliberate indifference or improper medical care. Id., at pp. 410-411.
- w. On October 29, 2003, inmate Moshier submitted an written request to Dr. Beam requesting to be placed in medically unassigned status (to excuse him from work), due to his being sick and fatigued. In a written response, Dr. Beam advised he would be placed on idle until the next chronic care clinic appointment. Dr. Beam advised that at the clinic, they would discuss this issue. Id., at p. 415.
- x. On October 31, 2003, inmate Moshier reported he slipped on the mud and hurt his back and neck. He indicated the pain was a level 7 on a scale of 1 to 10. He was in no apparent distress. He had a palpable spasm at his lower back. He was educated on stretches. He was issued a one day medical idle slip, and he was

prescribed ibuprofen. Later that same day, Dr. Beam placed him on medically unassigned status for three months. Id., at pp. 98, 304-305, 312.

- y. On November 17, 2003, the hepatitis C battery, a hepatitis A, and a hepatitis B serotology test were conducted. The results were reviewed on November 26, 2003. Inmate Moshier tested positive for the hepatitis B surface antibody and the hepatitis B core antibody. He tested negative for the hepatitis B surface antigen and negative for the IgM antibody to the Hepatitis A antigen. Id., at p. 254.
- z. On November 18, 2003, inmate Moshier submitted a written request to medical staff requesting treatment for hepatitis C. Specifically, he requested a liver biopsy and viral load test. In a written response, Dr. Beam reassured inmate Moshier that if he needed treatment he would receive it. Id., at p. 409.
- aa. On November 21, 2003, inmate Moshier complained of nasal congestion, headache, sore throat with cough and upset stomach for one week. After an examination, he was assessed with upper respiratory infection v. pharyngitis, and dyspepsia. He was prescribed Amoxicillin, Triprolidine (an antihistamine), and bismuth subsalicylate. He was advised to increase his fluid intake and refrain from smoking. Id., at pp. 98-99.
- bb. On November 30, 2003, inmate Moshier was brought to the HSU by Correctional Officers, with complaints of chest pain. Inmate Moshier described the chest pain as an elephant stepping on his chest with pain radiating across the right and left pectoral areas down his left arm to the elbow with paresthesias (abnormal nerve sensations such as pins-and-needles, tingling, burning, prickling) throughout his left arm. He also complained of a constant cough, fever and chills since the previous evening. After an examination, he was assessed with rule out pneumonia, rule out bronchitis, upper respiratory infection, viral syndrome, and gastritis. He was given aspirin and Maalox immediately. He was prescribed Erythromycin (an antibiotic used to treat certain infections caused by bacteria), Acetaminophen, Guaifen/Dextro (a combination medication used to treat a cough and relieve symptoms associated with the common cold, allergies, hay fever, sinusitis and other respiratory illnesses), Bismuth Subsalicylate, and Benadryl. He was issued a three day medical idle. He was instructed to return on December 3, 2003 for a recheck. Id., at pp. 96, 303.
- cc. On December 3, 2003, inmate Moshier reported for a follow-up examination. He stated he was not be feeling better. Specifically, he complained of bone and muscle aches, diarrhea, headaches and a full feeling in his chest. His cough improved but his chest was sore. He appeared ill and weary. After an examination, he was assessed with rule out pneumonia, rule out bronchitis and rule out influenza. A chest x-ray was taken. He was given Albuterol. It was noted that Dr. Beam was consulted, and advised the chest x-ray did not show signs of pneumonia and ordered the treatment plan of November 30 be continued.

Inmate Moshier was and prescribed Triprolidine (an antihistamine). A followup was scheduled for seven days. Id., at p. 97.

- dd. On December 10, 2003, inmate Moshier stated he felt better but still had pressure on his forehead and behind his eyes. After an examination, he was assessed with sinusitis with viral syndrome. He was prescribed Triprolidine and Septra DS (aka Sulfamethoprim, a combination of two antibiotics used to treat a wide variety of bacterial infections), and he was instructed to continue with Tylenol as previously prescribed. He was advised to increase his water intake, dietary protein, and rest. He was directed to follow up through sick call. Id., at p. 94.
- ee. Also on December 10, 2003, inmate Moshier submitted a written request to Dr. Beam requesting a liver biopsy. In a written response, Dr. Beam advised that BOP guidelines suggested monitoring ALT, and a liver biopsy would be appropriate in cases where the ALT levels remained elevated. Dr. Beam advised that inmate Moshier was in the monitoring stage. Id., at p. 408.
- ff. On December 13, 2003, inmate Moshier was issued a one week medical convalescence slip. Id., at p. 302.
- gg. On December 22, 2003, Dr. Beam entered an administrative notation into inmate Moshier's medical record indicating a hepatitis A vaccine would be ordered. Id., at p. 94.
- hh. On January 5, 2004, inmate Moshier submitted a written request to Dr. Beam requesting information on when he would receive a hepatitis A vaccine. In a written response, Dr. Beam indicated inmate Moshier would receive the vaccine as soon as it arrived through the pharmacy. Id., at p. 405.
- ii. On January 6, 2004, inmate Moshier complained to Dr. Beam at mainline (noontime meal) regarding lower back pain. Dr. Beam indicated he would continue inmate Moshier on convalescence. Id., at p. 95.
- jj. Also on January 6, 2004, Dr. Beam reviewed the x-ray results of December 3, 2003 x-ray examination. Inmate Moshier's heart was slightly enlarged. No failure or pneumonia was seen. The impression was no acute disease. A three month disability slip was issued. Id., at pp. 192, 301.
- kk. On January 23, 2004, inmate Moshier was seen by Dr. Beam in the chronic care clinic. It was noted he had hepatitis C, GERD, and lower back pain. He complained of acute right hip pain. After an examination, he was assessed with hepatitis C, acne, and GERD. A hepatitis A vaccine was given, and a liver function test was ordered. He was prescribed Tetracycline, Tylenol, Debrox (commonly used to treat excessive ear wax), and Ranitidine (aka Zantac - commonly used to treat GERD) were continued. The Chief Pharmacist noted she

would authorize inmate Moshier to receive over the counter medications at that time, because he was without funds, and did not qualify as "indigent." Id., at pp. 92-93.

- ll. On February 11, 2004, inmate Moshier submitted a written request to Dr. Beam requesting a viral load and liver biopsy. In a written response, Dr. Beam advised that if inmate Moshier's ALT remained high over a period of time the next step would be to conduct a viral load and liver biopsy. Id., at p. 403.
- mm. On February 12, 2004, a blood sample was collected for a liver profile test. The results were returned to FCI McKean on February 18, 2004. The following results were outside the standard reference ranges: (1) AST (SGOT) 68 (reference range 11-55), and (2) ALT1 (SGPT) 115 (reference range 11-66 U/L). Id., at p. 431.
- nn. On March 26, 2004, inmate Moshier complained of a soft lump on his right thigh with episodic enlargement and pain for approximately two months. He indicated he had a history of lumps in other parts of his body, notably his chin and abdomen. Breakthrough dyspepsia (persistent or recurring abdominal pain centered in the upper abdomen, often accompanied with bloating, nausea, burping and a feeling of fullness soon after eating) was noted with a history of GERD, and leg and foot swelling. After an examination, he was assessed with lipoma (a growth of fat cells in a thin, fibrous capsule usually found just below the skin) and venous insufficiency. He educated/counseled regarding the mass and venous insufficiency and potential ulceration. He was issued a large long knee high stocking and informed to return to the clinic as needed. He was instructed to follow-up with Dr. Beam regarding GERD medication adjustments. Id., at p. 90.
- oo. On April 6, 2004, Dr. Beam placed inmate Moshier on total disability status for three months. Id., at p. 300.
- pp. On April 21, 2004, inmate Moshier failed to report for a chronic care clinic appointment. Dr. Beam noted he would be rescheduled for chronic care clinic in one month. Dr. Beam noted inmate Moshier's ALT level in October 2003 was 115, and his ALT level in February 2004 was 115. A liver function test, a lipid test, an HgAlc, and red blood cell test were ordered. Id., at p. 88-89.
- qq. On May 12, 2004, a blood sample was collected for a lipid test and a liver profile. On May 17, 2004, the results were received at FCI McKean. The following were outside of the applicable reference ranges: (1) Glucose 177 (reference range 70-110 mg/dL); (2) AST (SGOT) 93 (reference range 11-55 U/L); (3) total cholesterol 114 (reference range 140-200 mg/dL); (4) ALT 129 (reference range 11-66 U/L); (5) HDL Cholesterol 122 (reference range 29-67); (6) LDL cholesterol 58 (reference range 62-140); and (7) cholesterol/HDL Ratio 5.2 (reference range 3.4-5.0). Id., at p. 432.

- rr. On May 21, 2004, inmate Moshier was seen by Dr. Beam in the chronic care clinic for hepatitis C, borderline diabetes mellitus and GERD. Inmate Moshier reported he was "sick as a dog" for two days. Dr. Beam noted that on May 12, 2004, his ALT level was 129 and his glucose was 177. On October 11, 2003, his ALT was 115 and his glucose was 139. After an examination, he was assessed with hepatitis C, borderline diabetes mellitus, acne on his back and bronchitis. He was educated regarding his test results, and his treatment plan, etiology, diet, smoking cessation, and medication dosage. A hepatitis C battery and a psychological evaluation were ordered. A liver biopsy referral was forwarded to the Utilization Review Committee (URC). He was prescribed Tetracycline, Rantidine, Tylenol, Sulfameth/Trimeth DS (a combination antibiotic medication), and Albuterol Id., at pp. 86-87.
- ss. On July 15, 2004, Dr. Beam entered an administrative notation indicating the URC approved inmate Moshier for a liver biopsy. Id., at p. 85.
- tt. On July 19, 2004, a complete metabolic test was conducted. The results were reviewed on July 21, 2004. The following were outside the applicable ranges: (1) glucose 168 (reference range 70 - 110); (2) AST (SGOT) 106 (reference range 11 - 55); (3) cholesterol 110 (140 - 220); (4) ALT1 (SGPT) 130 (reference range 11 - 66). A CBC was conducted and the following were outside the applicable ranges: (5) PLT 101 (reference range 130 - 374). The following were also outside the applicable ranges: (6) neutrophils 70.9 (reference range 43.0 - 67.0); (7) lymphocytes 19.3 (reference range 21.0 - 45.0); (8) lymphocyte 1.0 (reference range 1.3 - 3.7). Id., at p. 253.
- uu. On July 19, 2004, a blood sample was collected for the HCV genotyping test. On July 27, 2004, the results were received at FCI McKean showing inmate Moshier's HCV was of the Genotype 3e. Id., at p. 433.
- vv. On July 19, 2004, a blood sample was collected for a Ferritin test. On July 29, 2004, the results were received at FCI McKean, reflecting that inmate Moshier's ferritin was 180 mg/mL (reference range 17.9 - 464.0 mg/mL). Id., at p. 434.
- ww. Also on July 19, 2004, a blood sample was collected for an HCV Quantasure Plus (viral load test) test. On July 26, 2004, the results were received at FCI McKean, and showed a level of 7,270,000 UI/mL of HCV. Id., at p. 435.
- xx. On August 5, 2004, inmate Moshier submitted a written request to Dr. Beam in which he complained he was out of Albuterol, and he was experiencing severe back pain with shooting pain down his left leg. He complained his lower legs were turning brown with spots, and his skin was dry and itchy. In a written response, Dr. Beam indicated he would refill inmate Moshier's Albuterol prescription. He advised inmate Moshier to schedule a sick call appointment for his back and leg problems. He stated he would look at the spots on his legs at the

chronic care clinic. Id., at pp. 85, 399.

- yy. On August 17, 2004, inmate Moshier complained of a right earache with drainage for several weeks. He also complained of boils on his left gluteus and near his left underarm and acne with scarring and brown discoloration on his lower legs. After an examination, he was assessed with abscessed acne, cerumen (earwax) impaction/ right otitis externa (right external ear infection), and sinusitis, rule out tinea versicolor (a common, benign, superficial cutaneous fungal infection usually characterized by hypopigmented or hyperpigmented macules and patches on the chest and the back), rule out xerosis (dry skin) of the lower extremity. He was prescribed hydrocortisone cream, Amoxicillin, Neomycin/Poly B/HC Otic Suspension fluid (an antibiotic used to treat external ear infections), and selenium sulfide lotion (an anti-infective agent used to treat tinea versicolor). He was also scheduled to return in 7-10 days. Id., at p. 84.
- zz. Also on August 17, 2004, Dr. Beam placed inmate Moshier on restricted duty status. Medically Unassigned status was discontinued. He was restricted from lifting anything over 20 pounds. He was also restricted from prolonged stooping, standing or bending. He was permitted to rest ten minutes each hour. Id., at p. 299.
- aaa. On August 18, 2004, Dr. Beam saw inmate Moshier in the chronic care clinic for hepatitis C, GERD and asthma. Inmate Moshier complained of back pain. After an examination, he was assessed with chronic lower back pain, asthma, acne, GERD, hepatitis C, and borderline diabetes. An HgAlc test was ordered. He was directed to wear compression socks. He was prescribed Tetracycline, Ranitidine, Albuterol and Acetaminophen. Id., at pp. 82-83.
- bbb. On August 24, 2004, Dr. Olson entered an administrative notation into inmate Moshier's medical record indicating he was taken on a town trip for a liver biopsy. Id., at p. 80.
- ccc. On August 24, 2004, a CT guided liver biopsy was performed at the Bradford Regional Medical Center. Before the examination, a CT of the entire abdomen was performed without contrast. The CT showed that inmate Moshier's liver was in the upper limits of normal for size. After the CT was conducted, a CT guided needle biopsy of inmate Moshier's liver was performed. His liver had the consistency of wood. The biopsies showed mild to moderate micro and macro vesicular fatty degeneration with focal ballooned hepatocytes, and focal areas of piecemeal necrosis. The microstudy diagnosis was cirrhosis of the liver, micro-nodular pattern, active. Id., at pp. 191, 196.
- ddd. On August 25, 2004, Dr. Olson entered an administrative notation into inmate Moshier's medical record indicating inmate Moshier returned from the town trip. It was also noted that inmate Moshier would be checked pending receipt of the

biopsy report. He was placed on medical convalescence status from August 25, 2004, through August 29, 2004. Daily checks of inmate Moshier were ordered. Id., at pp. 80, 298.

- eee. On August 26, 2004, inmate Moshier was seen for a wound check post liver biopsy. He reported the pain was a level of 4 on a scale of 1-10. On examination, he was in no acute distress. The wound site appeared to be healing without problem or erythema/edema. Id., at p. 80.
- fff. On September 7, 2004, Dr. Beam reviewed the biopsy report. Id., at p. 191.
- ggg. On September 8, 2004, inmate Moshier was seen by Dr. Beam. They had a long discussion regarding the biopsy results. Dr. Beam advised the biopsy showed cirrhosis. They discussed the risks, the psychological effects, as well as the bone marrow suppression associated with Interferon treatment. Dr. Beam indicated inmate Moshier wanted the treatment, and indicated his own opinion that Interferon was a good idea. Dr. Beam indicated he would send the Interferon treatment referral forms to Central Officer after he received Psychological clearance for Interferon treatment. Dr. Beam indicated inmate Moshier looked well. He assessed inmate Moshier with Hepatitis C with cirrhosis. Inmate Moshier was educated regarding the risks and consequences of Interferon treatment. Blood was drawn for additional screening. It was indicated approval to initiate Interferon treatment would take approximately one month Id., at p. 78.
- hhh. On September 22, 2004, inmate Moshier was cleared by the Chief Psychologist to receive Interferon and Ribavirin. Id., at p. 252.
- iii. On September 24, 2004, Dr. Beam noted inmate Moshier's blood ammonia was 246 (27-102). After a discussion and examination, inmate Moshier was assessed with hepatitis C with cirrhosis. He was educated regarding the treatment plan. He was prescribed Lactulose (a synthetic sugar used to treat constipation). Dr. Beam noted he would follow-up regarding his request to initiate interferon treatment if he had not heard back in one month. Id., at p. 76.
- jjj. On September 28, 2004, Dr. Beam entered an administrative notation into inmate Moshier's medical record indicating he saw inmate Moshier at mainline, and he prescribed Albuterol. Id., at p. 77.
- kkk. On October 7, 2004, Dr. Beam entered an administrative notation into inmate Moshier's medical record indicating he was approved to initiate Interferon and Ribavirin treatment. He noted he anticipated starting treatment during the week of October 25. He noted that inmate Moshier would be requested to sign the consent form to initiate the treatment. He noted he would plan weekly visits for six weeks, followed by monthly monitoring. He noted he would monitor inmate Moshier's complete blood count and ALT weekly for five weeks, followed by

monthly checks. Id., at p. 77.

- III. Also on October 7, 2004, inmate Moshier submitted a written request to Dr. Beam requesting any information on the beginning of his hepatitis C treatments. In a response, Dr. Beam indicated that inmate Moshier had been approved and written notification had been sent to him advising him of this approval. Id., at pp. 396-397.
- mmm. On October 20, 2004, inmate Moshier reported to Dr. Beam to discuss the Interferon/Ribavirin treatment. They discussed bone marrow depression, and he accepted the risks. He signed the consent form. He was assessed with hepatitis C, and it was noted he would begin treatments the following week. He was educated regarding the risks and benefits associated with the treatment. He was prescribed Tetracycline, Ranitidine and Tylenol. He was instructed to report on weekdays for blood and Ammonia tests. Id., at p. 74.
- nnn. On October 28, 2004, inmate Moshier received his first dosage of Interferon/Ribavirin. He was in no apparent distress. He was educated regarding the injection procedure. The PA noted inmate Moshier self-administered an injection of Pegasys (also known as Peginterferon alfa-2a, an alpha interferon) 180 micrograms into his abdomen under supervision. He was advised to return to clinic in one week for the next dose. Id., at p. 75.
- ooo. Later on October 28, 2004, inmate Moshier was seen by Dr. Beam. Inmate Moshier looked and felt good. Dr. Beam educated inmate Moshier regarding medications. He noted inmate Moshier had his other medications, and noted his blood levels would be monitored. Id., at p. 75.
- ppp. On November 2, 2004, an ammonia/plasma test was conducted. The results showed inmate Moshier's ammonia/plasma level was 262 ug/dL, which was considered high and outside the reference interval (reference range 27 - 102). Id., at p. 186.
- qqq. On November 4, 2004, inmate Moshier self-administered his second Interferon injection under supervision. He was instructed to return in one week for his next dose. Id., at p. 72.
- rrr. Later on November 4, 2004, inmate Moshier was seen by Dr. Beam. He reported he felt okay. He complained of a mild rash at injection site. Dr. Beam noted inmate Moshier's ammonia level was 202. On observation slight redness was observed on his abdomen at the injection site. Inmate Moshier indicated it was getting better. Blood tests were ordered. He was instructed to follow-up in one week. Id., at p. 72.
- sss. On November 9, 2004, a liver profile was conducted. The results were reviewed

on November 15, 2004. The following were outside the applicable ranges: (1) AST (SGOT) 100 (reference range 11 - 55); (2) ALT1 (SGPT) 160 (reference range 11 - 66); (3) gamma GT1 101 (reference range 8 - 78). A CBC was conducted with the following outside the applicable ranges: (4) white blood cell 2.7 (reference range 4.3 - 11.1); (5) RDW 15.3 (reference range 12.0 - 14.0); (6) PLT 108 (reference range 130 - 374). The following were also indicated as outside the applicable ranges: (7) neutrophil 1.4 (reference range 1.9 - 6.7); (8) lymphocyte 1.0 (reference range 1.3 - 3.7); (9) monocyte 0.2 (reference range 0.3 - 1.1). Id., at pp. 184-185.

- ttt. On November 10, 2004, inmate Moshier was seen by Dr. Beam in the chronic care clinic. He reported he was tolerating the shots, and felt a little feverish. He reported the Rantidine was not helping as much. It was noted his alt level was 180. His ammonia level was 262. His white blood cell count was 3,400. He was assessed with hepatitis C on treatment, borderline diabetes, and asthma. He reported the acne was back. He was prescribed Hydrocortisone Cream, Lactulose, Albuterol, Rabeprazole (also known as Aciphex, a drug used for treating ulcers of the stomach and duodenum, and GERD), Doxycycline (a broad-spectrum tetracycline antibiotic used against a wide variety of bacterial infections), Peginterferon, and Ribavirin. Id., at pp. 70-71.
- uuu. On November 11, 2004, inmate Moshier self-administered his third dose of Interferon under direct supervision. He was instructed to return in one week for his next scheduled injection. Id., at p. 68.
- vvv. On November 17, 2004, an ammonia/plasma test was conducted. On November 19, 2004, the results showed inmate Moshier's ammonia/plasma level was 315 ug/dL, which was considered high and outside the reference interval (reference range 27 - 102). Id., at p. 183.
- www. Also on November 17, 2004, a liver profile was conducted. The results were reviewed on November 23, 2004. The following were outside the applicable ranges: (1) albumin 3.5 (reference range 3.6 - 5.1); (2) AST (SGOT) 98 (reference range 11 - 55); (3) ALT1 (SGPT) 144 (reference range 11 - 66); (4) gamma GT1 103 (reference range 8 - 78). A CBC was conducted with the following outside the applicable ranges: (5) white blood cell 1.6 (reference range 4.3 - 11.1); (6) red blood cells 4.29 (reference range 4.46 - 5.78); (7) hemoglobin 13.3 (reference range 13.6 - 17.6); (8) hematocrit 38.7 (reference range 40.2 - 51.4); (9) RDW 15.9 (reference range 12.0 - 14.0); (10) PLT 73 (reference range 130 - 374). The following were also indicated as outside the applicable ranges: (11) neutrophil 0.7 (reference range 1.9 - 6.7); (12) lymphocyte 0.6 (reference range 1.3 - 3.7); (13) monocyte 0.1 (reference range 0.3 - 1.1). Id., at pp. 181-182.
- xxx. On November 18, 2004, received his fourth dose of Interferon. He appeared to be pleased with his lab results. He was told to return in one week for his next

injection. Id., at p. 68.

- yyy. Also on November 18, 2004, Dr. Beam entered an administrative notation into inmate Moshier's medical records indicating he spoke with inmate Moshier at Mainline. It was noted inmate Moshier looked fine, and Dr. Beam would recheck him in one week. Id., at p. 68.
- zzz. On November 23, 2004, a liver profile was conducted. The results were reviewed on December 1, 2004. The following were outside the applicable ranges: (1) AST (SGOT) 104 (reference range 11 - 55); (2) ALT1 (SGPT) 141 (reference range 11 - 66); (3) gamma GT1 111 (reference range 8 - 78). A CBC was conducted with the following outside the applicable ranges: (4) white blood cell 1.8 (reference range 4.3 - 11.1); (5) red blood cells 4.27 (reference range 4.46 - 5.78); (6) hemoglobin 13.4 (reference range 13.6 - 17.6); (7) hematocrit 39.1 (reference range 40.2 - 51.4); (8) RDW 16.7 (reference range 12.0 - 14.0); (9) PLT 76 (reference range 130 - 374). The following were also indicated as outside the applicable ranges: (10) neutrophil 0.8 (reference range 1.9 - 6.7); (11) lymphocyte 0.8 (reference range 1.3 - 3.7); (12) monocyte 0.2 (reference range 0.3 - 1.1). Id., at pp. 178-179.
- aaaa. On November 24, 2004, inmate Moshier was seen by Dr. Beam. He complained of a headache and a hollow feeling in his ears. Dr. Beam noted he looked well. After an examination, Dr. Beam assessed him with hepatitis C with Interferon/Ribavirin treatment. Inmate Moshier's Interferon/Ribavirin dosages were reduced from 180 mcg/week to 90 mcg/week (Interferon), and from 1200mg/day to 600 mg/day (Ribavirin). and he was educated regarding the dosage changes. His dosage for Lactulose was increased, and he was prescribed Bacitracin. He was ordered to return in one week. Id., at p. 66.
- bbbb. On November 25, 2004, inmate Moshier received his fifth injection of Interferon. Id., at p. 67, 201.
- cccc. On November 30, 2004, an administrative notation was entered in inmate Moshier's medical record indicating he was prescribed Acetaminophen. Id., at p. 67.
- dddd. On November 30, 2004, an ammonia/plasma test was conducted. On December 1, 2004, the results showed that inmate Moshier's ammonia/plasma level was 163 ug/dL, which was considered high and outside the reference interval (reference range 27 - 102). Id., at p. 180.
- eeee. On November 30, 2004, a liver profile was conducted. The results were reviewed on December 2, 2004. The following were outside the applicable ranges: (1) AST (SGOT) 102 (reference range 11 - 55); (2) ALT1 (SGPT) 148 (reference range 11 - 66); (3) gamma GT1 111 (reference range 8 - 78). A CBC was conducted with

the following outside the applicable ranges: (4) white blood cell 2.0 (reference range 4.3 - 11.1);(5) RDW 16.1 (reference range 12.0 - 14.0); (6) PLT 66 (reference range 130 - 374). The following were also indicated as outside the applicable ranges: (7) neutrophil 1.0 (reference range 1.9 - 6.7); (8) lymphocyte 0.7 (reference range 1.3 - 3.7); (9) monocyte 0.2 (reference range 0.3 - 1.1). Id., at pp. 176-177.

- ffff. On December 2, 2004, an administrative notation was entered in inmate Moshier's medical record indicating he received his sixth dose of Interferon, at 180 mcg. He tolerated the injection well. He was directed to return to the clinic as scheduled. Id., at p. 67.
- gggg. On December 3, 2004, inmate Moshier was seen by Dr. Beam. He reported he was doing okay. On observation, he looked okay. It was noted he received Interferon the day prior. His ALT level was 148. His white blood cell count was 2,000. His ammonia level was 163. His PLT level was 66, and his hematocrit was 41. He was assessed with hepatitis C. He was educated regarding the signs and symptoms of infection, and instructed to return in one week. Id., at p. 64.
- hhhh. On December 6, 2004, inmate Moshier submitted a written request to Dr. Beam complaining he had a large lump or ball in his left side under his rib cage. He stated he brought this to Dr. Beam's attention approximately eight months prior. He stated the lump was very large and painful. He wanted to know if this was his spleen or if it was a tumor. He complained that he felt his hepatitis C treatment was delayed until after he developed cirrhosis. In a written response, defendant Beam explained that this lump would be checked at his weekly appointment. He stated that in his opinion, he had cirrhosis long before he commenced serving his federal sentence. Id., at p. 393.
- iiii. On December 7, 2004, a liver profile was conducted. The results were reviewed on December 13, 2004. The following were outside the applicable ranges: (1) AST (SGOT) 108 (reference range 11 - 55); (2) ALT1 (SGPT) 158 (reference range 11 - 66); (3) gamma GT1 107 (reference range 8 - 78). A CBC was conducted with the following outside the applicable ranges: (4) white blood cell 2.0 (reference range 4.3 - 11.1);(5) MCHC 32.9 (reference range 33.0 - 35.0); (6) RDW 15.2 (reference range 12.0 - 14.0); (7) PLT 73 (reference range 130 - 374); (8) MPV 11.2 (reference range 6.9 - 10.5). The following were also indicated as outside the applicable ranges: (9) neutrophil 1.1 (reference range 1.9 - 6.7); (10) lymphocyte 0.7 (reference range 1.3 - 3.7); (11) monocyte 0.2 (reference range 0.3 - 1.1). Id., at pp. 174-175.
- jjjj. On December 9, 2004, an administrative notation was entered into inmate Moshier's medical record indicating he received 90 mcg of Interferon for his seventh dose. It was noted the interferon was self-administered and tolerated well without incident. Id., at p. 64.

- kkkk. Also on December 9, 2004, inmate Moshier was seen by Dr. Beam. Inmate Moshier complained the lump under his left rib cage was feeling bigger. On observation, it was noted he looked well. His chest was clear. A lump measuring two centimeters was observed. He was assessed with hepatitis C under treatment and lipoma (a growth of fat cells in a thin, fibrous capsule usually found just below the skin), left upper quadrant. He was reassured about the lipoma. He was advised his medications would continue to be monitored, and his laboratory tests would be followed weekly. Id., at p. 65.
- llll. On December 14, 2004, a liver profile was conducted. The results were reviewed on December 16, 2004. The following were outside the applicable ranges: (1) AST (SGOT) 132 (reference range 11 - 55); (2) ALT1 (SGPT) 202 (reference range 11 - 66); (3) gamma GT1 112 (reference range 8 - 78). A CBC was conducted with the following outside the applicable ranges: (4) white blood cell 2.0 (reference range 4.3 - 11.1); (5) PLT 65 (reference range 130 - 374). The following were also indicated as outside the applicable ranges: (6) neutrophil 1.0 (reference range 1.9 - 6.7); (7) lymphocyte 0.8 (reference range 1.3 - 3.7); (8) monocyte 0.2 (reference range 0.3 - 1.1). Id., at pp. 172-173.
- mmmm. On December 16, 2004, inmate Moshier self-administered his weekly dose of 90 mcg/week Interferon without complaints or difficulty. It was noted that this was his eighth dose. Id., at p. 60.
- nnnn. Later on December 16, 2004, inmate Moshier was seen by Dr. Beam. It was noted he was assigned to the Special Housing Unit (SHU), and he was angry. He complained of a headache. He looked okay. It was noted his ALT level was 202. His hematocrit was 44.8. His white blood count was 2,000 his ANC was 980 and his platelet count was 65. He was assessed with hepatitis C on Interferon/Ribavirin treatment at a reduced dose. It was noted his counts were stabilizing, but it was not an appropriate time to work his dosages back up. He was educated regarding the signs and symptoms of infection. He was prescribed Tylenol. Id., at p. 63.
- oooo. On December 21, 2004, he was seen by Dr. Beam. He said he was feeling okay, but complained of aches. He stated he needed tetracycline and medications for heartburn. During an examination, a flare of back acne was observed. At least 50 large and inflamed pits were observed. He was assessed with hepatitis C on treatment, acne and GERD. He was prescribed Lactulose, Omeprazole (a medication used to treat ulcers, and GERD), Doxycycline (a member of the tetracycline antibiotics group and is commonly used to treat a variety of infections), and Albuterol. Id., at p. 60.
- pppp. Also on December 21, 2004, a liver profile was conducted. The results were reviewed on December 28, 2004. The following were outside the applicable ranges: (1) AST (SGOT) 131 (reference range 11 - 55); (2) ALT1 (SGPT) 208

(reference range 11 - 66); (3) gamma GT1 99 (reference range 8 - 78). A CBC was conducted with the following outside the applicable ranges: (4) white blood cell 2.2 (reference range 4.3 - 11.1); (5) PLT 76 (reference range 130 - 374). The following were also indicated as outside the applicable ranges: (6) neutrophil 1.1 (reference range 1.9 - 6.7); (7) lymphocyte 0.8 (reference range 1.3 - 3.7); (8) monocyte 0.2 (reference range 0.3 - 1.1). Id., at pp. 169-170.

qqqq. On December 23, 2004, an administrative notation was entered into inmate Moshier's medical records indicating he self-administered his weekly dose of Interferon without difficulty. This was his ninth dose. Id., at p. 61.

rrrr. On December 28, 2004, inmate Moshier was seen by Dr. Beam. He stated he was feeling fine. On observation, he looked okay. It was noted he needed Bacitracin. Dr. Beam noted Plaintiff's ALT level was 208. His hematocrit was 47.5. His white blood cell count was 2,200. His ANC was 1100. He was assessed with hepatitis C on Interferon/Ribavirin treatment and folliculitis. His Interferon dosage was increased from 90 mcg/week to 135 mcg/week, and his Ribavirin prescription was increased from 600 mg/day to 800 mg/day. He was educated regarding his medication increase. He was prescribed Bacitracin. Id., at p. 61.

ssss. Also on December 28, 2004, a liver profile was conducted. The results were reviewed on January 3, 2005. The following were outside the applicable ranges: (1) AST (SGOT) 131 (reference range 11 - 55); (2) ALT1 (SGPT) 199 (reference range 11 - 66); (3) gamma GT1 103 (reference range 8 - 78). A CBC was conducted with the following outside the applicable ranges: (4) white blood cell 2.2 (reference range 4.3 - 11.1); (5) PLT 81 (reference range 130 - 374). The following were also indicated as outside the applicable ranges: (6) basophils 1.2 (reference range 0.0 - 1.0); (7) neutrophil 1.1 (reference range 1.9 - 6.7); (8) lymphocyte 0.8 (reference range 1.3 - 3.7); (9) monocyte 0.2 (reference range 0.3 - 1.1). Id., at pp. 167-168.

tttt. On December 30, 2004, an administrative notation was entered into inmate Moshier's medical record indicating he received his tenth dose of Interferon. It was self-administered with no difficulties. Id., at p. 62.

uuuu. On January 4, 2005, a liver profile was conducted. The results were reviewed on January 10, 2005. The following were outside the applicable ranges: (1) AST (SGOT) 103 (reference range 11 - 55); (2) ALT1 (SGPT) 154 (reference range 11 - 66); (3) gamma GT1 104 (reference range 8 - 78). A CBC was conducted with the following outside the applicable ranges: (4) white blood cell 2.1 (reference range 4.3 - 11.1); (5) MCHC 35.2 (reference range 33.0 - 35.0); (6) RDW 14.2 (reference range 12.0 - 14.0); (7) PLT 85 (reference range 130 - 374). The following were also indicated as outside the applicable ranges: (8) neutrophil 1.2 (reference range 1.9 - 6.7); (9) lymphocyte 0.7 (reference range 1.3 - 3.7); (10) monocyte 0.1 (reference range 0.3 - 1.1). Id., at pp. 165-166.

- vvvv. On January 5, 2005, inmate Moshier was seen by Dr. Beam. He reported he felt well. He was assessed with hepatitis C on treatment, improved counts. Id., at p. 58.
- www. On January 6, 2005, inmate Moshier received his eleventh weekly Interferon injection. It was self-administered with no difficulties. Id., at p. 58.
- xxxx. On January 11, 2005, inmate Moshier was seen by Dr. Beam. He indicated he was feeling okay. Dr. Beam indicated his blood counts were stable after two doses of mid-range Interferon. He assessed inmate Moshier with hepatitis C on Interferon/Ribavirin treatment. The dosage of Ribavirin was increased from 800 mg/day to 1200mg/day. The dosage of Interferon remained the same. He was prescribed hydrocortisone cream. Id., at p. 59.
- yyyy. Also on January 11, 2005, a liver profile was conducted. The results were reviewed on January 18, 2005. The following were outside the applicable ranges: (1) AST (SGOT) 108 (reference range 11 - 55); (2) A/G Ratio 0.94 (reference range 1.00 - 2.30); (3) Globulin 3.9 (reference range 2.0 - 3.7); (4) ALT1 (SGPT) 142 (reference range 11 - 66); (5) gamma GT1 104 (reference range 8 - 78). A CBC was conducted with the following outside the applicable ranges: (6) white blood cell 1.8 (reference range 4.3 - 11.1); (7) RDW 14.6 (reference range 12.0 - 14.0); (8) PLT 76 (reference range 130 - 374). The morphology test result indicated inmate Moshier's platelets appeared markedly decreased. Id., at pp. 163-164.
- zzzz. On January 13, 2005, inmate Moshier received his twelfth weekly Interferon injection. It was self-administered with no difficulties. Id., at p. 59.
- aaaa. On January 18, 2005, a liver profile was conducted. The results were reviewed on January 31, 2005. The following were outside the applicable ranges: (1) AST (SGOT) 92 (reference range 11 - 55); (2) A/G Ratio 0.98 (reference range 1.00 - 2.30); (3) globulin 3.9 (reference range 2.0 - 3.7); (4) ALT1 (SGPT) 138 (reference range 11 - 66); (5) gamma GT1 116 (reference range 8 - 78). A CBC was conducted with the following outside the applicable ranges: (6) white blood cell 1.8 (reference range 4.3 - 11.1); (7) RDW 15.0 (reference range 12.0 - 14.0); (8) PLT 83 (reference range 130 - 374); (9) MPV 10.8 (reference range 6.9 - 10.5). The following were also indicated as outside the applicable ranges: (10) neutrophil 0.9 (reference range 1.9 - 6.7); (11) lymphocyte 0.7 (reference range 1.3 - 3.7); (12) monocyte 0.1 (reference range 0.3 - 1.1). Id., at pp. 159-160.
- bbbb. On January 20, 2005, inmate Moshier received his thirteenth weekly Interferon injection. It was self-administered with no difficulties. Id., at p. 59.
- cccc. On January 21, 2005, inmate Moshier was seen by Dr. Beam. He complained of a broken filling, but felt Okay. Dr. Beam noted he looked fine. He noted the

broken filling on the right lower back molar. His ALT level was 142. His white blood cell count was 1,800. His hematocrit was 42.3. He assessed inmate Moshier with hepatitis C under treatment. Inmate Moshier was advised his treatment plan would not be changed at that time, and a note was sent to the Dentist. Id., at p. 56.

dddd. On January 27, 2005, an administrative notation was entered indicating inmate Moshier received his fourteenth dose of Interferon. It was self-administered with no difficulty. Id., at p. 57.

eeee. On February 2, 2005, inmate Moshier was seen by Dr. Beam. He reported he felt okay, but indicated he was out of medication. On observation, he appeared okay. His complete blood count was stable. He was assessed with hepatitis C on treatment. Dr. Beam increased the Interferon dose back to the standard full dosage of 180 mcg/week. Inmate Moshier was educated regarding the dosage changes. He was prescribed Omeprazole (medication commonly used to treat ulcers and GERD), Doxycycline, Lactulose, and Albuterol. Ribavirin was to maintained at the same dosage. A Follow-up was scheduled for the following week. Id., at p. 57.

ffff. On February 3, 2005, an administrative notation indicated inmate Moshier self-administered his fifteenth dose of Interferon with no difficulties. Id., at p. 54.

ggggg. On February 9, 2005, inmate Moshier was seen by Dr. Beam in the chronic care clinic. It was noted that on February 3, 2005, his dosage of Interferon was increased to the full dosage. He reported he felt okay. Acne was observed on his back which appeared cystic and pitted. It was noted Plaintiff was edgy, and he reported trouble on the compound. Diagnostic studies were ordered. He was prescribed Interferon, Ribavirin, Lactulose, Doxycycline, Albuterol, Bacitracin, Betamethasone, Hydrocortisone Cream, Omeprazole, and Acetaminophen. Id., at pp. 52-53.

hhhhh. On February 10, 2005, inmate Moshier received his sixteenth weekly Interferon injection, and his second dosage at full strength. This dose was self-administered with no difficulty. Id., at p. 50.

iiii. On February 16, 2005, an administrative notation indicated the institution was on lockdown, and Dr. Beam would reschedule inmate Moshier's appointment in one week. Id., at p. 50.

jjjj. Also on February 16, 2005, a liver profile was conducted. The results were reviewed on February 18, 2005. The following were outside the applicable ranges: (1) AST (SGOT) 150 (reference range 11 - 55); (2) ALT1 (SGPT) 190 (reference range 11 - 66); (3) gamma GT1 150 (reference range 8 - 78). A CBC was conducted with the following outside the applicable ranges: (4) white blood cell 1.9 (reference range 4.3 - 11.1); (5) RDW 16.1 (reference range 12.0 - 14.0);

(6) PLT 94 (reference range 130 - 374); (7) MPV 10.8 (reference range 6.9 - 10.5). The following were also indicated as outside the applicable ranges: (8) lymphocytes 45.3 (reference range 21.0 - 45.0); (9) neutrophil 0.8 (reference range 1.9 - 6.7); (10) lymphocyte 0.8 (reference range 1.3 - 3.7); (11) monocyte 0.2 (reference range 0.3 - 1.1). Id., at pp. 157-158.

kkkkk. On February 17, 2005, an administrative notation indicated that inmate Moshier self-administered his seventeenth dose of Interferon. It was his third at full dosage. Id., at p. 50.

lllll. On February 23, 2005, an administrative notation was entered indicating that the institution was still on lockdown. However, inmate Moshier's laboratory test results were stable at the current dosage. Dr. Beam indicated he would follow the counts and monitor inmate Moshier's progress. Id., at p. 51.

mmmmm. Also on February 23, 2005, a liver profile was conducted. The results were reviewed on February 25, 2005. The following were outside the applicable ranges: (1) albumin 3.5 (reference range 3.6 - 5.1); (2) AST (SGOT) 133 (reference range 11 - 55); (3) A/G Ratio 0.92 (reference range 1.00 - 2.30); (4) globulin 3.8 (reference range 2.0 - 3.7); (5) ALT1 (SGPT) 172 (reference range 11 - 66); (6) gamma GT1 130 (reference range 8 - 78). A CBC was conducted with the following outside the applicable ranges: (7) white blood cell 1.6 (reference range 4.3 - 11.1); (8) red blood cells 4.11 (reference range 4.46 - 5.78); (9) hemoglobin 12.9 (reference range 13.6 - 17.6); (10) hematocrit 37.8 (reference range 40.2 - 51.4); (11) RDW 15.8 (reference range 12.0 - 14.0); (12) PLT 79 (reference range 130 - 374). The following were also indicated as outside the applicable ranges: (13) neutrophil 1.0 (reference range 1.9 - 6.7); (14) lymphocyte 0.5 (reference range 1.3 - 3.7); (15) monocyte 0.1 (reference range 0.3 - 1.1). Id., at pp. 51, 155-156.

nnnnn. On February 24, 2005, inmate Moshier self-administered his eighteenth dose of Interferon with no difficulties. It was his fourth dose at full strength. Id., at p. 51.

ooooo. On March 1, 2005, a liver profile was conducted. The results were reviewed on March 3, 2005. The following were outside the applicable ranges: (1) AST (SGOT) 108 (reference range 11 - 55); (2) A/G Ratio 0.92 (reference range 1.00 - 2.30); (3) globulin 4.1 (reference range 2.0 - 3.7); (4) ALT1 (SGPT) 166 (reference range 11 - 66); (5) gamma GT1 129 (reference range 8 - 78). A CBC was conducted with the following outside the applicable ranges: (6) white blood cell 1.9 (reference range 4.3 - 11.1); (7) red blood cells 4.45 (reference range 4.46 - 5.78); (8) RDW 15.8 (reference range 12.0 - 14.0); (9) PLT 85 (reference range 130 - 374). The following were also indicated as outside the applicable ranges: (10) neutrophils 42.3 (reference range 43.0 - 67.0); (11) lymphocytes 45.7 (reference range 21.0 - 45.0); (12) neutrophil 0.8 (reference range 1.9 - 6.7); (13) lymphocyte 0.8 (reference range 1.3 - 3.7); (14) monocyte 0.2 (reference range 0.3

- 1.1). Id., at pp. 152-153.

ppppp. On March 2, 2005, inmate Moshier was seen by Dr. Beam. He stated he felt okay. He complained of a sharp 30 second or less pain in his chest and left arm. He also complained of a rash. He requested Tylenol. On examination, he looked okay. His face was red. His ALT level was 172. His white blood cell count was 1,600, his ANC was 960. His hematocrit was 37.8. He was assessed with tolerating increased dose of Interferon/Ribavirin. He was prescribed Tylenol. Id., at p. 51.

qqqqq. On March 3, 2005, an administrative notation was entered indicating that inmate Moshier self-administered his nineteenth dose of Interferon with no difficulties. This was inmate Moshier's fifth at the full dose. Id., at p. 48.

rrrrr. On March 8, 2005, a liver profile was conducted. The results were reviewed on March 15, 2005. The following were outside the applicable ranges: (1) albumin 3.5 (reference range 3.6 - 5.1); (2) AST (SGOT) 112 (reference range 11 - 55); (3) ALT1 (SGPT) 137 (reference range 11 - 66); (4) gamma GT1 115 (reference range 8 - 78). A CBC was conducted with the following outside the applicable ranges: (5) white blood cell 1.6 (reference range 4.3 - 11.1); (6) red blood cells 4.21 (reference range 4.46 - 5.78); (7) hemoglobin 13.0 (reference range 13.6 - 17.6); (8) hematocrit 38.8 (reference range 40.2 - 51.4); (9) RDW 16.1 (reference range 12.0 - 14.0); (10) PLT 63 (reference range 130 - 374). The following were also indicated as outside the applicable ranges: (11) neutrophil 0.8 (reference range 1.9 - 6.7); (12) lymphocyte 0.7 (reference range 1.3 - 3.7); (13) monocyte 0.1 (reference range 0.3 - 1.1). Id., at pp. 150-151.

sssss. On March 10, 2005, an administrative notation was entered indicating that inmate Moshier self-administered his twentieth dose of Interferon with no difficulties. This was inmate Moshier's sixth dose at the full strength. Id., at p. 48.

ttttt. On March 15, 2005 a liver profile was conducted. The results were reviewed on March 18, 2005. The following were outside the applicable ranges: (1) albumin 3.4 (reference range 3.6 - 5.1); (2) AST (SGOT) 99 (reference range 11 - 55); (3) A/G Ratio 0.94 (reference range 1.00 - 2.30); (4) ALT1 (SGPT) 133 (reference range 11 - 66); (4) gamma GT1 102 (reference range 8 - 78). Id., at p. 149.

uuuuu. On March 17, 2005, an administrative notation was entered indicating that inmate Moshier self-administered his twenty-first dose of Interferon with no difficulties. This was his seventh dose at the full strength. Id., at p. 49.

vvvvv. On March 22, 2005, a liver profile was conducted. The results were reviewed on March 24, 2005. The following were outside the applicable ranges: (1) albumin 3.5 (reference range 3.6 - 5.1); (2) AST (SGOT) 97 (reference range 11 - 55); (3) A/G Ratio 0.95 (reference range 1.00 - 2.30); (4) ALT1 (SGPT) 123 (reference range 11 - 66); (5) gamma GT1 99 (reference range 8 - 78). A CBC was conducted with the following outside the applicable ranges: (6) white blood cell

1.5 (reference range 4.3 - 11.1); (7) red blood cells 4.00 (reference range 4.46 - 5.78); (8) hemoglobin 12.8 (reference range 13.6 - 17.6); (9) hematocrit 37.7 (reference range 40.2 - 51.4); (10) RDW 16.3 (reference range 12.0 - 14.0); (11) PLT 82 (reference range 130 - 374). The following were also indicated as outside the applicable ranges: (12)neutrophil 0.7 (reference range 1.9 - 6.7); (13) lymphocyte 0.6 (reference range 1.3 - 3.7); (14) monocyte 0.1 (reference range 0.3 - 1.1). Id., at pp. 147-148.

wwwwww. On March 24, 2005, it was noted that inmate Moshier self-administered his twenty-second dose of Interferon with no difficulties. This was his eighth dose at full strength. Id., at p. 49.

xxxxxx. On March 24, 2005, Dr. Beam entered an administrative notation into inmate Moshier's medical record indicating that on March 3, 2005, he received his 19th Interferon injection, and his fifth at full strength. On March 10, 2003, he received his twentieth Interferon injection; which was his 6th at full strength, and on March 17, he received his twenty-first injection; which was his seventh at full strength. Dr. Beam noted the following laboratory results: ALT: 123; white blood cell count 1,500, hematocrit 37.7, and ANC 690. He assessed inmate Moshier with Hepatitis C under treatment. He noted inmate Moshier's counts were barely acceptable with respect to his white blood count. He noted the ANC was okay. He directed treatments proceed with weekly monitoring of his blood counts. Id., at p. 46.

yyyyyy. On March 29, 2005, a liver profile was conducted. The results were reviewed on March 31, 2005. The following were outside the applicable ranges: (1) albumin 3.5 (reference range 3.6 - 5.1); (2) AST (SGOT) 77 (reference range 11 - 55); (3) ALT1 (SGPT) 91 (reference range 11 - 66); (4) gamma GT1 99 (reference range 8 - 78). A CBC was conducted with the following outside the applicable ranges: (5) white blood cell 1.9 (reference range 4.3 - 11.1); (6) red blood cell 3.95 (reference range 4.46 - 5.78); (7) hemoglobin 12.6 (reference range 13.6 - 17.6); (8) hematocrit 37.1 (reference range 40.2 - 51.4); (9) RDW 15.9 (reference range 12.0 - 14.0); (10) PLT 80 (reference range 130 - 374); (11) MPV 10.9 (reference range 6.9 - 10.5). The following were also indicated as outside the applicable ranges: (12)neutrophil 1.0 (reference range 1.9 - 6.7); (13) lymphocyte 0.6 (reference range 1.3 - 3.7); (14) monocyte 0.2 (reference range 0.3 - 1.1). Id., at pp. 145-146.

zzzzzz. On March 31, 2005, inmate Moshier self-administered his twenty-third dose of Interferon. This was his ninth full dose, and there were no difficulties. Id., at p. 47.

aaaaaa. Also on March 31, 2005, inmate Moshier was seen by Dr. Beam. He complained of itchy lower legs. He stated he was using Hydrocortisone cream and Bacitracin. Dr. Beam indicated this appeared to be a skin reaction to the Interferon treatments(the usual Interferon itch). Inmate Moshier also complained of pain in

his left upper quadrant. It was noted his ALT was 91. His white blood count was 1,900, his ANC was 1045, his hematocrit was 37. He was assessed with satisfactory on ninth full dose of Interferon. Inmate Moshier was re-assured regarding the lipoma. He was prescribed Betamethasone ointment. Id., at p. 47.

bbbbbb. On April 5, 2005, a liver profile was conducted. The results were reviewed on April 8, 2005. The following were outside the applicable ranges: (1) AST (SGOT) 85 (reference range 11 - 55); (2) A/G Ratio 0.94 (reference range (1.00 - 2.30); (3) globulin 3.9 (reference range 2.0 - 3.7); (4) ALT1 (SGPT) 105 (reference range 11 - 66); (5) gamma GT1 118 (reference range 8 - 78). A CBC was conducted with the following outside the applicable ranges: (6) white blood cell 1.8 (reference range 4.3 - 11.1); (7) red blood cells 4.04 (reference range 4.46 - 5.78); (8) hemoglobin 12.8 (reference range 13.6 - 17.6); (9) hematocrit 38.5 (reference range 40.2 - 51.4); (10) RDW 16.4 (reference range 12.0 - 14.0); (11) PLT 77 (reference range 130 - 374). The following were also indicated as outside the applicable ranges: (12) neutrophil 0.9 (reference range 1.9 - 6.7); (13) lymphocyte 0.7 (reference range 1.3 - 3.7); (14) monocyte 0.2 (reference range 0.3 - 1.1). Id., at pp. 143-144.

ccccc. On April 7, 2005, an administrative notation indicated inmate Moshier self-administered his twenty-fourth dose of Interferon with no difficulties. This was his tenth full dose. Id., at p. 44.

ddddd. On April 13, 2005, the Emergency Medical Technician (EMT) staff reported inmate Moshier reported his chest hurt and he could not breath. On examination, he was alert and oriented. He was in no acute distress. He reported non-radiating pain at his mid-sternum at a level of 8 on a scale of 1-10. He stated it felt like pressure with swelling. No visual swelling was noted. Redness was observed immediately below the sternum from his rubbing the area. He denied shortness of breath. He was able to talk in full sentences. He was assessed with anxiety possible or muscular pain. He was directed to rest and try to relax. The EMT advised he would refer this issue to the day-watch PA the next morning. Id., at p. 44.

eeeeee. On April 14, 2005, inmate Moshier was treated by a PA for emergency triage. He reported for the last two weeks, off and on, and constantly for the past week, he felt constant pain, and the sharpness of the pain increased. He reported he could not sleep and was vomiting. He stated he felt pain right between his ribs that would shoot to his back. He stated the pain was a level 10 on a scale of 1-10. On examination, his blood pressure was 142 over 80 for his right arm and 130 over 70 for his left arm. His temperature was 96.8. His pulse was 100. His abdomen was soft and tender to percussion and palpation. Diffuse swelling and fullness was observed at his left upper quadrant. He was assessed with rule out pancreatitis. He was educated. The PA consulted a staff physician. Id., at p. 45.

- ffffff. On April 14, 2005, inmate Moshier self-administered his twenty-fifth dose of Interferon; his eleventh at full strength. There were no noted difficulties. Id., at p. 45.
- gggggg. On April 14, 2005, inmate Moshier was examined by Dr. Beam at the request of the PA. He stated he experienced 48 hours of a swelling sensation and epigastric pain. He reported that he vomited once. He had no fever but felt chilled. It was noted he was taking Interferon and Ribavirin. On examination, he appeared mildly uncomfortable. He was quite tender in the epigastric area upon palpation. He was assessed with epigastric tenderness. It was noted he was taking Interferon and Ribavirin for hepatitis C and was immuno-suppressed. He was taken the emergency room of the outside hospital for blood work, and Dr. Beam called the hospital physician to alert him to inmate Moshier's arrival. Id., at p. 42.
- hhhhhh. In accordance with Dr. Beam's orders, on April 14, 2005, inmate Moshier was taken to Kane Community Hospital Emergency Room. Although he was initially seen in the emergency room, he was admitted to the hospital due to an ultrasound which was indicative of possible acute cholecystitis (sudden inflammation of the gallbladder). Once admitted to the hospital, a CAT scan of his chest showed no evidence of pulmonary embolism, and cardiac isoenzymes were negative. His chest x-ray was unremarkable. EKGs were also unremarkable. An upper endoscopy showed no evidence of ulcerations. There were no varicies (bulging veins that can be found in the esophagus, stomach or intestines). During the hospital work up, pulmonary embolism, coronary disease, peptic ulcer disease, and aneurismal changes were ruled out. It was believed his pain was related to costochondritis (inflammation of the junctions where the upper ribs join with the cartilage that holds them to the breastbone or sternum). Upon discharge from the hospital on April 16, 2005, inmate Moshier was advised that any worsening of his symptoms required further evaluation. His discharge diagnosis was non-carcinogenic chest pain, probable chronic cholecystitis without choledithiasis, history of cirrhosis and hepatitis C and Costochondritis. Id., at pp. 318-321.
- iiiiii. On April 15, 2005, Dr. Olson noted inmate Moshier was doing okay. An ultrasound showed possible gall bladder disease. Dr. Olson indicated inmate Moshier would be scheduled for an endoscopy that day. Id., at p. 43.
- jjjjjj. Later on April 15, 2005, Dr. Olson noted the hospital physician called to report the endoscopy was negative; however the CAT scan and ultrasound suggested that he had gallbladder disease without stones, and he would be treated for this. Id., at p. 43.
- kkkkkk. Later on April 15, 2005, Dr. Beam entered an administrative notation into inmate Moshier's medical record indicating he discussed inmate Moshier's condition with the hospital physician. The physician indicated the best explanation for the pain was acalculous cholecystitis (a severe illness that is a complication of various

other medical or surgical conditions resulting in inflammation to the gallbladder). He reported the upper endoscopy was negative for lesions and no varicies were observed. The physician indicated inmate Moshier was improving and would be discharged the following day. Id., at p. 40.

lllll. On April 16, 2005, the EMT entered an administrative notation indicating he contacted the outside hospital regarding inmate Moshier's condition. He indicated he spoke with the treating physician who stated inmate Moshier was doing fine. The physician did not see or note anything on the CT scan or ultrasound. He reported inmate Moshier had IV antibiotics. There were no changes in his blood counts or EKGs, and he would be discharged later that day. Id., at p. 40.

mmmmmm. On April 16, 2005 at 1:00 PM, inmate Moshier returned to FCI McKean without any complaints. Id., at p. 40.

nnnnnn. On April 18, 2005, Dr. Beam entered an administrative notation into inmate Moshier's medical record indicating he received the Kane Hospital discharge sheet. In accordance with the discharge instructions, he prescribed Amoxicillin. Id., at p. 41.

oooooo. Later on April 18, 2005, Dr. Beam saw Inmate Moshier. Inmate Moshier reported he was feeling much worse since his return to the facility, and his symptoms accelerated the previous morning. After an examination, inmate Moshier was assessed with acalculous cholecystitis with peritoneal signs, hepatitis C on Interferon and Ribavirin, immuno-suppressed. He was taken to the Bradford Regional Medical Center. Id., at p. 41.

pppppp. On April 18, 2005, an administrative note was entered indicating inmate Moshier was at the hospital and he would be examined by the treating physician. Id., at p. 38.

qqqqqq. On April 18, 2005, inmate Moshier was seen by the treating physician at the Bradford Regional Medical Center. His chief complaint was acute cholecystitis. The physician noted inmate Moshier's history of hepatitis C and his current regiment of Interferon. He noted inmate Moshier was having some difficulties with this medication regimen. He noted inmate Moshier experienced abdominal pain over the last three weeks, initially in the right upper quadrant, and after meals, the pain became more severe and long-lasting. Inmate Moshier reported the pain was constant. It was noted that inmate Moshier was seen at Kane Community Hospital the previous week, where he was diagnosed with acute cholecystitis and given antibiotics. It was noted inmate Moshier had been getting worse clinically over the past day. Inmate Moshier's medications were identified as Interferon, Ribavirin, Lactulose, Zantac, Omeprazole, Albuterol and Doxycycline. On examination, his abdomen was firm with guarding in the right

upper quadrant and tenderness but without guarding throughout the rest of the abdomen. The plan was to admit inmate Moshier, initiate IV fluids, bowel rest and antibiotics. The physician noted that if inmate Moshier did not improve rapidly, he should be explored through an open cholecystectomy (surgical removal of the gallbladder). He noted that the risks were quite high due to inmate Moshier's active hepatitis C, and any abdominal procedure carried a high-risk of mortality for a patient in his condition. He indicated that while attempting to treat inmate Moshier with medications, it was likely he would require an operation. Id., at pp. 292-293.

rrrrrr. On April 19, 2005, Dr. Beam entered an administrative notation indicating Plaintiff would be taken to surgery later in the afternoon. Id., at p. 38.

ssssss. On April 19, 2005, Dr. Beam entered an administrative notation into inmate Moshier's medical record indicating that the treating physician called to report that he had a gangrenous gallbladder removed in a successful open procedure. The physician indicated there was a high mortality rate in a patient with a cirrhotic liver and hepatitis C, and inmate Moshier would require a hospital stay of 7-10 days. Dr. Beam indicated he would notify the Associate Warden of this. Id., at p. 38.

tttttt. On April 20, 2005, Dr. Beam entered an administrative notation into inmate Moshier's medical record indicating the hospital physician reported he was doing well. Id., at p. 39.

uuuuuu. On April 20, 2005, Dr. Beam entered an administrative notation into inmate Moshier's medical record indicating that Interferon and Ribavirin would be discontinued. Id., at p. 39.

vvvvvv. On April 21, 2005, Dr. Olson entered an administrative notation into inmate Moshier's medical record indicating he visited inmate Moshier at the hospital. During the visit, inmate Moshier was alert and talking. He reported moderate post-operation pain without vomiting and good urine output. His vital signs were stable. He had a urinary tract infection, and he was taking strong intravenous antibiotics and fluids. He was doing well. Id., at p. 39.

wwwwww. On April 22, 2005, Dr. Olson entered an administrative notation into inmate Moshier's medical record indicating he visited inmate Moshier again in the hospital. He was doing okay. His vital signs were stable. He complained of abdominal bloating. Dr. Olson observed inmate Moshier's abdomen was slightly distended and he was on a liquid diet. Id., at p. 36.

xxxxxx. On April 23, 2005, an EMT entered an administrative notation into inmate Moshier's medical record indicating he was stable, and would be re-evaluated in the hospital on April 25, 2005, for a possible discharge. Id., at p. 36.

yyyyyy. On April 24, 2005, an EMT entered an administrative notation into inmate Moshier's prison medical record indicating that he had a drainage tube removed, was stable. It was noted inmate Moshier would be reevaluated on April 25, 2005. Id., at p. 36.

zzzzzz. On April 25, 2005, Dr. Beam entered an administrative notation into inmate Moshier's prison medical record indicating inmate Moshier was eating, receiving IV antibiotics and looking stable. Id., at p. 36.

aaaaaaa. On April 26, 2005, Dr. Olson entered an administrative notation into inmate Moshier's prison medical record indicating he discussed inmate Moshier's condition with the treating physician at the hospital. It was noted he was doing well. He had diarrhea from eating solid food, his white blood cell count was low at approximately 1,500. Hematology was consulted. His vital signs were stable, and he was not vomiting. The physician indicated he planned to discharge inmate Moshier from the hospital the following day. Id., at p. 37.

bbbbbbb. On April 27, 2005, inmate Moshier was discharged from the hospital. The discharge summary indicated he was brought to the hospital and given intravenous fluids and antibiotics to cool down the cholecystitis. It was noted this was unsuccessful, and he required emergency surgery. The surgery was an open procedure and was carried out without complications. The treating physician noted he recovered very well, and he improved gradually. A JP drain was left in for five days, and he was maintained on Zosyn as an antibiotic. At the time of his hospital discharge, he was eating regular food. The incision was healing well. It was noted he had diarrhea for 24 to 48 hours, which appeared to be related to the antibiotics. He was started on acidophilus. His discharge diagnosis was severe acute cholecystitis with signs of gangrene at the gallbladder clinically. The discharge instructions indicated inmate Moshier was to follow a low fat diet and do no heavy lifting. He was instructed to tack acidophilus with meals and resume his prior medications, including Ibuprofen or Tylenol for pain, Interferon/Ribavirin, and Amoxicillin. Id., at pp. 274-276.

ccccccc. On April 27, 2005, Dr. Beam noted inmate Moshier returned from the hospital. He was status-post cholecystectomy, and surgery performed on April 19, 2005, showed inmate Moshier had a gangrenous gallbladder. He had done well, and was eating. Inmate Moshier complained of slight diarrhea approximately 3-4 times a day for the duration of his stay. On observation, he appeared a little pale. The surgical incision on the right upper quadrant of his abdomen was healing well. It was noted his last white blood cell count was 1,500, and the Interferon/Ribavirin treatment had been temporarily stopped. He was assessed with status post cholecystectomy for gangrenous gall bladder, diarrhea, hepatitis C,

treatment suspended, and asthma. He was educated to call for assistance for pain and fever. He was prescribed Lactobacillus, Tylenol, Tylenol #3, Albuterol, Bacitracin, Betamethasone ointment, Hydrocortisone cream, Ranitidine, and Lactulose. It was noted that the surgical staples would be removed in one week. Id., at pp. 34-35.

ddddddd. On April 29, 2005, inmate Moshier was seen by Dr. Beam in the SHU. He complained of pain at the surgical incision site and a sore throat. On observation, he appeared to be in mild to moderate pain. The incision appeared to be healing well. He was assessed with post operation 10 days status post cholecystectomy with sore throat and incisional pain. He was educated regarding medication refills. It was noted he would have the surgical staples removed the following week. His prescription for Tylenol #3 was renewed. Id., at p. 32.

eeeeeee. On May 5, 2005, he was seen by Dr. Beam in the chronic care clinic. Plaintiff reported he felt better and was experiencing scant abdominal pain. It was noted he had taken Interferon/Ribavirin for 25 weeks, with 11 weeks at a full dosage. After an examination he was assessed with satisfactory post-operation cholecystectomy off Interferon/Ribavirin. It was noted he had Tylenol. Diagnostic studies were ordered, and he was directed to return in three weeks. Id., at pp. 30-31.

ffffff. On May 12, 2005, inmate Moshier was examined by the treating physician from Bradford Regional Medical Center for a post-operation check up. It was noted there was no nausea or vomiting, and his bowels were okay. His wound was healing well. No hernia or infection was observed. It was noted his appetite was still down a bit, and it appeared he lost some weight (but he was still overweight). He was moving well and looked good. It was recommended that he avoid heavy activities for a few more weeks. Id., at p. 251.

ggggggg. On May 19, 2005, inmate Moshier submitted a written request to Dr. Beam requesting blood work for his hepatitis C status and examination of the lump in his abdomen to make sure it is not cancerous. In a written response, Dr. Beam indicated the blood tests were ordered, the lump would be examined on May 27, 2005. He advised inmate Moshier the treatment was temporarily stopped pending his recovery from surgery. Id., at p. 390.

hhhhhhh. On May 25, 2005, inmate Moshier submitted a written request to Dr. Beam requesting to have blood tested to check his hepatitis C status. He also requested that the lump in his stomach be tested. In a written response, Dr. Beam explained that the laboratory tests were ordered, and the bulge would be examined on May 27, 2005. He explained the lump

was not cancerous, and the treatment for hepatitis C was suspended 1-3 months to make sure he was healed. Dr. Beam also indicated that inmate Moshier may not need to have the hepatitis C treatment restarted, depending on his viral load. Id., at p. 389.

iiiiiii. On May 27, 2005, inmate Moshier was seen by Dr. Beam. He reported he felt fine. On examination his abdomen was healing well. Dr. Beam indicated he was awaiting laboratory tests. He noted inmate Moshier was not taking Interferon/Ribavirin. Dr. Beam indicated he wanted to see a viral load. Inmate Moshier indicated he felt a lump in the left upper quadrant, and Dr. Beam indicated he thought this was his ribs. Inmate Moshier was prescribed, Acetaminophen, Lactulose, Betamethasone, and Bacitracin. He was to return in one month. Id., at p. 28.

jjjjjjj. On May 31, 2005, a liver profile was conducted. The results were reviewed on June 3, 2005. The following were outside the applicable ranges: (1) LDH 262 (reference range 354 - 705); (2) ALT1 (SGPT) 73 (reference range 11 - 66). A CBC was conducted with the following outside the applicable ranges: (3) White Blood Cell 3.5 (reference range 4.3 - 11.1); (4) PLT 86 (reference range 130 - 374). The following were also indicated as outside the applicable ranges: (5) neutrophils 69.6 (reference range 43.0 - 67.0); (6) lymphocyte 0.8 (reference range 1.3 - 3.7); (7) monocyte 0.2 (reference range 0.3 - 1.1). Id., at pp. 141-142.

kkkkkkk. Also on May 31, 2005, an HCV quantaSure plus test (measurement of HCV RNA using real-time Polymerase Chain Reaction (PCR) technology) was conducted. The results were reviewed on June 11, 2005. They indicated an HCV RNA measurement of 1,730 International Units (U/L per milliliter). Id., at p. 140.

lllllll. On June 14, 2006, in preparation for his transfer from FCI McKean to the United States Penitentiary (USP) Lewisburg, Pennsylvania, Dr. Olson prepared a medical summary indicating inmate Moshier had chronic hepatitis C, Cirrhosis, GERD, status/post cholecystectomy, and asthma. He indicated that inmate Moshier was to continue his medications until he was evaluated by staff at USP Lewisburg. Id., at p. 26.

mmmmmmm. On June 16, 2005, inmate Moshier was transferred to USP Lewisburg. Id., at p. 26-27.

nnnnnnn. On June 17, 2005, an EMT at USP Lewisburg, entered an administrative notation into inmate Moshier's medical record indicating he requested medication for chronic back and head pain. He was prescribed Acetaminophen. Id., at p. 24.

- ooooooo. On June 28, 2005, inmate Moshier was issued medication refills for GERD, lower back pain, cystic acne, and asthma. He was prescribed, Ranitidine, Doxycycline, Albuterol, and Naproxen. Id., at p. 24.
- ppppppp. On July 28, 2005, inmate Moshier complained of an ulceration on his toe, cystic acne and dyspepsia (a pain or an uncomfortable feeling in the upper middle part of the stomach). He was alert, oriented and was in no apparent distress. On examination, his back was scarred with numerous pustules. He had an ulceration/ open wound on his left hallux (big toe). He was assessed with cystic acne, ulceration on toe, and dyspepsia. He was prescribed Bacitracin ointment, Ranitidine, and Doxycycline. Id., at p. 25.
- qqqqqqq. On August 25, 2005, inmate Moshier complained of pain and numbness on his left arm and tightness when he moved his neck and head to the left side. He stated he was in a car accident many years prior. He reported he had hepatitis C and a family history of diabetes. He stated he had chronic cystic acne and gallbladder surgery in April 2005. He indicated he was still healing. After an examination, he was assessed with neuropathy, post trauma - auto accident and history of diabetes. X-rays of inmate Moshier acromioclavicular joint and cervical spine were ordered. He was prescribed Doxycycline, Ranitidine and Naproxen. Id., at p. 22.
- rrrrrrr. On September 1, 2005 a complete metabolic test was conducted. The results were reviewed on September 7, 2005. The following was outside the applicable ranges: (1) AST (SGOT) 59 (reference range 11 - 55). Id., at p. 139.
- sssssss. On September 7, 2005, the report of the September 1, 2005 CR examination of inmate Moshier's cervical spine was reviewed. The examination found degenerative disc disease at C5-6. Id., at p. 190.
- ttttttt. On September 16, 2005, inmate Moshier complained of a foreign body in his right eye. His upper right eyelid was swollen. After an examination, he was assessed with foreign body reaction in right upper eyelid. The foreign body was removed. He was issued sulfaletaolide ophthalmologic solution to use for three days. He was directed to alternate warm and cold compresses and to take the non-steroidal anti-inflammatory drug (NSAIDs) of his choice. He was issued a medical idle slip for three days. Id., at pp. 20, 297.
- uuuuuuu. On September 19, 2005, an administrative notation was entered indicating he was issued one copy of the blood test results dated September 1, 2005, and one copy of the x-ray report dated September 1, 2005. Id., at p. 20.
- vvvvvvv. On October 7, 2005, he was issued refills of the following medications:

Ranitidine, Naproxen, Doxycycline, and Albuterol. Id., at p. 21.

- wwwwwww. On October 25, 2005, he was seen in the chronic care clinic. It was noted that he had started Interferon, and received approximately 22 injections. It was also noted he developed gangrenous cholecystitis requiring emergent surgery. It was also noted he had a history of asthma, with was recently diagnosed. After an examination, he was assessed with hepatitis C, left upper quadrant mass, and hemorrhoids. A hepatitis C virus RNA viral load study was ordered. A chest x-ray of his left rib area was ordered. He was directed to return in four weeks to check his blood pressure. He was prescribed. He was prescribed Ranitidine, Albuterol, Naproxen and Doxycycline. Id., at pp. 18-19.
- xxxxxxx. On November 11, 2005, an administrative notation was entered indicating he received a refill of Albuterol, Naproxen and Ranitidine. Id., at p. 16.
- yyyyyyy. On November 18, 2005, he was seen by the contract surgical consultant regarding the mass in the upper right quadrant of his chest as well as for bleeding hemorrhoids. Upon an examination, a lipoma (a growth of fat cells in a thin, fibrous capsule usually found just below the skin) measuring 4x4 cm was detected. It was noted this mass could be excised locally. The contract surgical consultant also assessed inmate Moshier with irritated bleeding hemorrhoids. He recommended they be treated with Anusol suppositories. Id., at p. 250.
- zzzzzzz. On November 18, 2005, an administrative notation was entered into inmate Moshier's medical record indicating he was seen in the surgical clinic, and diagnosed with a 4x4 centimeter lipoma and irritated bleeding hemorrhoids. He was scheduled for a lipoma excision in the Surgicenter under local anesthesia, and he was prescribed hemorrhoidal suppositories with hydrocortisone. Id., at p. 14.
- aaaaaaa. On November 23, 2005, a medical referral was made for the excision of the lipoma from his left upper quadrant. Id., at p. 247.
- bbbbbbb. On November 28, 2005, his prescriptions for Naproxen, Doxycycline, and Rantidine were refilled. Id., at p. 14.
- ccccccc. On November 30, 2005, an administrative notation was entered into his medical record indicating that on November 29, 2005, he submitted a written request to Health Services staff requesting a refill of Albuterol, Rantidine, Naproxen and band-aids. He complained he had blurred vision, which seemed to be getting worse. He also requested an appointment with a contract Optometrist. In response, he was issued Albuterol, Naproxen and Ranitidine. Id., at p. 15.

- ddddddddd. On December 5, 2005, an administrative notation was entered indicating he would be directed to request an optometry examination. Id., at p. 15.
- eeeeeeeee. On December 8, 2005, an administrative notation was entered indicating he was issued refills of Naproxen and Ranitidine. Id., at p. 15.
- fffffff. On December 12, 2005, an administrative note was entered indicating inmate Moshier received 33 pages of records from the Bradford Medical Center. Id., at p. 12.
- ggggggggg. On December 16, 2005, his chest x-ray report from the December 9, 2005 examination reviewed. The x-ray indicated he had a normal chest and ribs. Id., at p. 188.
- hhhhhhhhh. On December 19, 2005, an administrative notation was entered indicating he was prescribed refills of Ranitidine and Naproxen. Id., at p. 12.
- iiiiiii. On December 23, 2005, he was seen by the contract optometrist, and a new eyeglass prescription was issued. Id., at pp. 259-260.
- jjjjjjj. Also on December 23, 2005, it was noted that inmate Moshier was seen by the Optometrist, and the new prescription was forwarded to the eyeglass manufacturer. Id., at pp. 12, 261.
- kkkkkkkkk. On December 27, 2005, an administrative notation was entered into inmate Moshier's medical record indicating he requested a refill of Naproxen and Ranitidine. It was noted that both medications were refilled on December 19, 2005. Therefore, he was issued a refill for the Naproxen only. Id., at p. 12.
- lllllll. On January 3, 2006, an administrative note was entered indicating he complained he never received the Ranitidine and really needed it. He was issued a prescription for Ranitidine. Id., at pp. 12-13.
- mmmmmmmmm. On January 5, 2006, an administrative notation was entered into inmate Moshier's medical record indicating he submitted a written request to staff in which he complained he requested refills for two different medications; however, he only received one medication refill. He complained he really needed more Rantidine. In response, he was given Ranitidine. Id., at pp. 12-13.
- nnnnnnnnn. On January 5, 2006, he complained of a bulge on his leg for approximately two weeks. He stated the bulge was not as big that day has it had been in the past. He denied injury to that area. He also stated he had a lump on his left anterior thorax. He reported his back broke out in boils, and he

had a stiff neck. He requested a pillow, Naproxen, Ranitidine, and Doxycycline. He stated he wanted to see a physician. After an examination he was assessed with degenerative disc disease at C5-C6, cystic acne vulgaris, and lipomas. He was instructed to request the staff physician to authorize the Commissary to issue dandruff shampoo. The PA explained he was not authorized to issue pillows in the SHU. He was prescribed Doxycycline. Id., at p. 13.

oooooooo. On January 6, 2006, an administrative notation was entered indicating he was issued refills for Naproxen and Albuterol. Id., at p. 10.

pppppppp. On January 10, 2006, an administrative notation was entered indicating he was issued a refill of Ranitidine. Id., at p. 10.

qqqqqqqq. On January 12, 2006, he was seen in the chronic care clinic. He complained of a stopped up nose and a pimple in his left ear. After an examination, he was assessed with chronic hepatitis C, bronchial asthma, step 2, external otitis of the left ear, and lipoma. It was noted he was pending excision of the lipoma. A hepatitis C viral load was ordered. He was instructed to follow-up in 16 weeks to consider inhaled steroid. He was prescribed Albuterol, Ranitidine, Naproxen, and Neomycin. Id., at p. 11.

rrrrrrrr. On January 18, 2006 an HCV RNA test was conducted. The results were reviewed on February 1, 2006. The indicated an HCV RNA measurement of 322,926 International Units (U/L per milliliter). Id., at p. 138.

ssssssss. On February 2, 2006, it was noted that the results of inmate Moshier's viral load were received. He was to be notified in writing. Id., at p. 11.

tttttttt. On March 9, 2006, He reported that the day prior, he felt pain in his right abdominal area while he was lifting something heavy. He stated the pain was superficial, and the pain intensified when he breathed in. He reported he did not feel the pain internally. After an examination, he was assessed with rule out muscle strain of the right upper quadrant v. liver problem secondary to hepatitis C or hepatitis B. He was prescribed Dicyclomine (an anticholinergic medication used to treat the symptoms of irritable bowel syndrome), and a liver and lipid profile were ordered. Plaintiff was issued a medical idle slip for two days. Id., at pp. 8-9, 296.

uuuuuuuu. On March 15, 2006 a complete profile was conducted, including a CBC. The following were outside the applicable ranges: (1) Glucose 126 (reference range 70 - 110); (2) AST (SGOT) 65 (reference range 11 - 55); (3) ALT1 (SGPT) 92 (reference range 11 - 66); (4) white blood cell 4.2 (4.3 - 11.1); (5) PLT 75 (reference range 130 - 374). Id., at p. 137.

- vvvvvvvv. On March 23, 2006, he was taken to an outside medical facility for excision of the lipoma in his left upper quadrant. Upon his discharge, he was instructed to take Tylenol as needed. Id., at p. 249.
- uuuuuuuu. On March 23, 2006, he was returned to USP Lewisburg. Upon his return, he stated he was okay. He was alert and oriented, and a dermabond bandage was applied over the incision. He was assessed with status post excision of abdominal wall lipoma. He was instructed to notify Health Services if he observed increased redness, swelling, pain or pus formation from the wound site. He declined Tylenol due to his history of hepatitis C and stated he would take Naproxen that was in his possession. He was issued a medical convalescent slip for one day, and was scheduled for a follow up in the April surgical clinic. Id., at pp. 7, 246, 295.
- vvvvvvvv. On March 28, 2006, he was seen by the contract Optometrist, and a new eyeglass prescription was issued. Id., at pp. 6, 258.
- wwwwwww. On April 4, 2006, he complained that since the previous morning, he had been experiencing tenderness at the excision site, and the area was swollen. Upon observation, the surgical site was edematous and irritated and tender to palpation. The area appeared to be infected. He was assessed with history of abdominal lipoma excision on March 23, 2006. He was prescribed Cephalexin, Sulfamethoxazole, and Bacitracin Ointment. He was educated on the use of compresses and the treatments and prescriptions were explained. Id., at p. 6.
- xxxxxxx. On April 19, 2006, he was seen by the surgeon for an incisional wound check. The surgeon packed the incision with iodiform gauze, and directed that 1-2 inches of the packing be removed each day redressed and cleaned with hydrogen peroxide. Id., at pp. 4, 246.
- yyyyyyyy. On April 21, 2006, the wounds site was cleaned and redressed. Id., at p. 4.
- zzzzzzzz. On April 25, 2006, an administrative notation was entered indicating a dressing change was done without complications or complaints. Id., at p. 4.
- aaaaaaaa. On May 2, 2006, he was seen in the chronic care clinic. It was noted his dressings were changed per the orders of the surgeon. He complained of pain in the right upper quadrant. After an examination, he was assessed with asthma, hepatitis C, and status post lipoma excision. The order for dressing changes was continued. He was Albuterol, Ranitidine, Naproxen, Cephalexin, and Bactrim. Id., at pp. 2-3, 245.

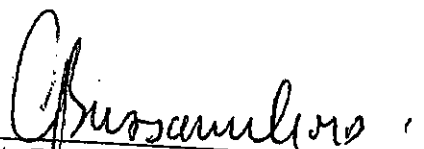
bbbbbbbbb. On May 4, 2006, he was seen for a re-check of the lipoma excision site. He was in no apparent distress. The edges of the 7-10cm surgical incision in his left upper quadrant were slightly separated. Upon removal of the gauze, mild to moderate erythema was observed. The area was tender, and the dressing had a greenish discharge and odor. He was assessed with status post lipoma cyst excision. The wound was cleaned with hydrogen peroxide and normal saline. Mild to moderate bleeding occurred after the wound was cleaned. Dressing was applied. He was ordered to keep the wound dry and clean. Daily dressing changes were ordered. He was given supplies. He was instructed to return in 7-10 days for a recheck. Id., at p. 1.

ccccccccc. On May 26, 2006, he was seen by the contract surgeon for a wound follow-up. He determined the wound had closed. Id., at p. 245.

3. Attached hereto, please find a true and correct copy of the medical record of inmate Donald Moshier, Register Number 10924-052, which is maintained at USP Lewisburg in the ordinary course of business.

Pursuant to the provisions of 28 U.S.C. §1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 24th day of July, 2006.


A. Bussanich, M.D.
Chief Medical Officer
United States Penitentiary
Lewisburg, Pennsylvania